

Form ME UC-1
2015

MAINE
DEPARTMENT OF
LABOR

UNEMPLOYMENT
CONTRIBUTIONS
REPORT
QUARTER # 1



1506400

99

Name

UC Employer Account No:

Address

Federal Employer ID No:

City

State

ZIP Code

Period Covered: 01 01 2015 - 03 31 2015

File On or Before: 04 30 2015

See page 6 for electronic filing and payment requirements and options

	1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time employees who worked during, or received pay reportable for unemployment insurance purposes for, the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0)..... 1.			
2. Number of female employees included on line 1. If none, enter zero (0) 2.			
3. Total unemployment compensation gross wages paid this quarter (from schedule 2, line 15) 3.	\$		
4. EXCESS WAGES (SEE INSTRUCTIONS) 4.	\$		
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE			
5. Taxable wages paid in this quarter (line 3 minus line 4) 5.	\$		
6a. UC contribution rate ■			
UC contributions due (line 5 times line 6a) 6b.	\$		
7a. CSSF rate .0006			
CSSF Assessment (line 5 times line 7a) 7b.	\$		
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.			
8. Total contributions and CSSF assessment due (line 6b plus line 7b)..... 8.	\$		

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

Firm's Name (or yours, if self-employed):

Paid Preparer EIN:

Address:

Maine Payroll Processor
License Number:

2D Bar Code space

Maine Revenue Services processes returns on behalf of the
Maine Department of Labor
If enclosing a check, make check payable to: **Treasurer, State of Maine**
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065
If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

Draft as of
07/24/14

SCHEDULE 2 (FORM ME UC-1) 2015

99

Name:

UC Employer
Account No.:

1506402

Federal Employer ID No:

Period Covered: 01 01 2015 - 03 31 2015

Unemployment Contributions Wages ListingAll employers designated SEASONAL by
the Maine Department of Labor. See
instructions for column 13 on page 5.

11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid



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14. Total of column 13 on this page

15. Total of columns 13 for ALL pages

Draft as of
07/24/14

2015

QUARTER # 2



1506400

99

Name

UC Employer Account No:

Address

Federal Employer ID No:

City

State

ZIP Code

Period Covered: 04 01 2015 - 06 30 2015

File On or Before: 07 31 2015

See page 6 for electronic filing and payment requirements and options

		1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time employees who worked during, or received pay reportable for unemployment insurance purposes for, the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0).....	1.			
2. Number of female employees included on line 1. If none, enter zero (0)	2.			
3. Total unemployment compensation gross wages paid this quarter (from schedule 2, line 15)	3.	\$		
4. EXCESS WAGES (SEE INSTRUCTIONS)	4.	\$		
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE				
5. Taxable wages paid in this quarter (line 3 minus line 4)	5.	\$		
6a. UC contribution rate ■	6a.			
UC contributions due (line 5 times line 6a)	6b.	\$		
7a. CSSF rate .0006	7a.			
CSSF Assessment (line 5 times line 7a)	7b.	\$		
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.				
8. Total contributions and CSSF assessment due (line 6b plus line 7b)	8.	\$		

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Telephone:

Contact Person Email:

For Paid Preparers Only

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Date:

Telephone:

Firm's Name (or yours, if self-employed):

Paid Preparer EIN:

Address:

Maine Payroll Processor
License Number:

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2015

QUARTER # 3



1506400

99

Name

UC Employer Account No:

Address

Federal Employer ID No:

City

State

ZIP Code

Period Covered: 07 01 2015 - 09 30 2015

File On or Before: 11 02 2015

See page 6 for electronic filing and payment requirements and options

	1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time employees who worked during, or received pay reportable for unemployment insurance purposes for, the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0)..... 1.			
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CSSF Assessment (line 5 times line 7a) 7b.	\$		
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.			
8. Total contributions and CSSF assessment due (line 6b plus line 7b) 8.	\$		

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Signature:

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Print Name:

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For Paid Preparers Only

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UC Employer
Account No.:

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Federal Employer ID No:

Period Covered: 07 01 2015 - 09 30 2015

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11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid



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2015

QUARTER # 4



1506400

99

Name

UC Employer Account No:

Address

Federal Employer ID No:

City

State

ZIP Code

Period Covered: 10 01 2015 - 12 31 2015

File On or Before: 02 01 2016

See page 6 for electronic filing and payment requirements and options

	1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time employees who worked during, or received pay reportable for unemployment insurance purposes for, the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0)..... 1.			
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8. Total contributions and CSSF assessment due (line 6b plus line 7b) 8.	\$		

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Signature:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

Firm's Name (or yours, if self-employed):

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UC Employer
Account No.:

1506402

Federal Employer ID No:

Period Covered: 10 01 2015 - 12 31 2015

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11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid



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07/24/14

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
47C State House Station
Augusta, ME 04333-0047

AUTHORIZATION TO CORRECT WAGES

Maine Employer
Account Number

Employer's Name and Address

Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

	Item	A. Amount Reported	B. Corrected Amount	C. Difference	Contributions Rate
1.	Total Wages	\$	\$	\$	_____ %
2.	Wages in Excess of \$12,000 Per Employee	\$	\$	\$	
3.	Taxable Wages	\$	\$	\$	CSSF Rate:
4.	Contributions Tax	\$	\$	\$.05% for 2008-2009
5.	CSSF ¹ Tax	\$	\$	\$.06% for 2010- to current year
6.	Total Overpayment	\$	(Do not reduce future tax liabilities by this credit.)		
7.	Total Underpayment	\$	(Please remit payment with this report.)		

>>> MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER, STATE OF MAINE<<<

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS

Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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QUESTIONS ABOUT THIS FORM?

Contact a Wage Record Representative at (207) 621-5120 Fax: (207) 287-3733
TTY (Deaf / Hard of Hearing): Maine Relay 711 Email address: division.uctax@maine.gov